



## AUTHORIZATION FOR VEHICLE PICK UP

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stock Number: \_\_\_\_\_ License Plate: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Saxon Fleet Services



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